

FACT SHEET

TITLE X

An Introduction to the Nation's Family Planning Program

For nearly 50 years, the Title X (ten) family planning program, the nation's only dedicated source of federal funding for family planning, has provided high-quality, culturally sensitive family planning services and other preventive health care to predominantly poor and low-income people. President Richard Nixon signed the program into law on December 24, 1970, with broad bipartisan support. In 2019, the Trump administration finalized new rules for Title X that undermine the integrity of the network and patients' access to the family planning and sexual health services that Title X had previously upheld.

Title X service delivery funding is leveraged through a diverse network of safety-net providers, who saw nearly 4 million family planning patients in 2018.¹ In addition, Title X has traditionally supported critical operations needs not paid for under Medicaid and private insurance, such as health information technology, patient education, and community education.²

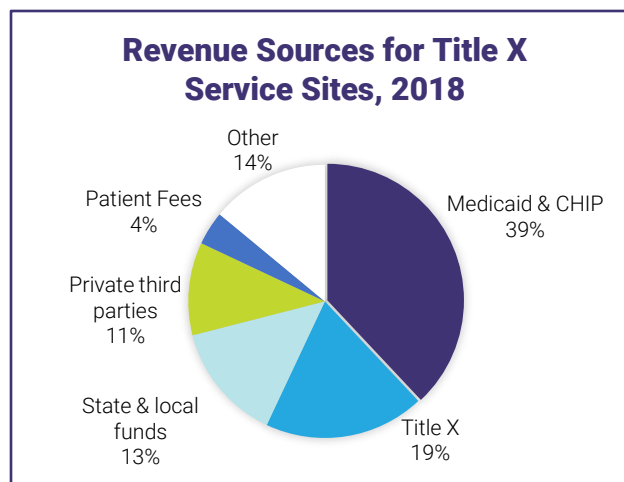
HOW IS THE PROGRAM ADMINISTERED?

- Similar to other safety-net health care programs, the Title X grant program funds are appropriated to the Health Resources Services Administration (HRSA) through the annual discretionary appropriations process. However, the program is administered by the Office of Population Affairs (OPA) within the US Department of Health and Human Services (HHS). In addition to service delivery grants, the program funds training, research, and technical assistance projects.
- In April 2019, OPA awarded 90 grants to 88 entities across the country.⁴ However, following implementation of the Trump administration's Title X rule, 16 grantees left the program rather than comply.¹
- Prior to implementation of the final rule, state, county, and local health departments made up approximately half of Title X service providers. Hospitals, family planning councils, Planned Parenthoods, federally qualified health centers, and other private non-profit organizations made up the rest of the Title X network.

¹ Number is accurate as of September 20, 2019.

WHAT DOES THE PROVIDER NETWORK LOOK LIKE?

→ In 2018, 3,595 full-time equivalent health care professionals provided Title X services, including nurse practitioners, physicians, physician assistants, registered nurses, counselors, and health educators. Clinical service providers participated in 79% of Title X family planning encounters that year.⁵



→ By law, Title X funds are not the sole source of revenue for providers.⁶ In 2018, Title X grantees reported their major sources of revenue to include 39% Medicaid/CHIP, 19% Title X, 13% state and local funding, 11% private third-party payers, 4% patient fees, and 14% other funding streams.⁷

→ Relative to other publicly funded health centers that offer family planning services, sites that receive Title X funding are more likely to stock a wide range of contraceptive supplies and have protocols for quick starts of contraceptive methods.⁸

WHAT SERVICES DO HEALTH CENTERS PROVIDE?

→ Title X health centers provide access to contraceptive services, supplies, and information to all who need them. By law, however, priority is given to poor and low-income people.⁹

→ In 2014, the Centers for Disease Control and OPA issued *Quality Family Planning*, setting the national standard for family planning services.¹⁰ Title-X funded centers are driven by these recommendations, though must operate within the constraints of the 2019 Title X rule.

→ Title X services include pregnancy testing; contraceptive counseling and services; pelvic exams; screening for cervical and breast cancer, high blood pressure, anemia, diabetes, and sexually transmitted diseases (STDs) and HIV/AIDS; infertility services; health education; and referrals for health and social services.¹¹

→ In 2018, Title X-funded centers provided 625,808 Pap tests, 816,202 clinical breast exams, more than 4.4 million STD tests (excluding HIV tests), and 1.2 million HIV tests.¹²

WHO RELIES ON TITLE X?

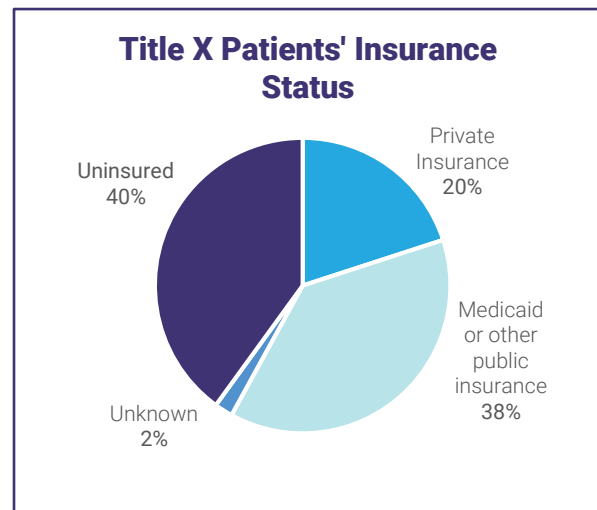
→ In 2018, Title X-funded providers served 3,939,749 patients.¹³

→ Sixty-five percent of Title X patients have incomes at or below the federal poverty level;¹⁴ in 2018, the federal poverty level was \$12,140 for an individual and \$20,780 for a family of three.¹⁵ These patients receive services at no cost to them.¹⁶

→ Forty percent of Title X patients are uninsured, 38% have Medicaid or other public health insurance, and 20% have private insurance.¹⁷ The number of uninsured patients has dropped dramatically since the passage of the Affordable Care Act and the resultant expansion of Medicaid eligibility in some states.¹⁸

→ Title X patients are disproportionately Black and/or Hispanic or Latino/a, with 22% of Title X patients self-identifying as Black or African American and 33% as Hispanic or Latino/a,¹⁹ as compared to 13% and 18% of the nation, respectively.²⁰ Overall, 31% of Title X patients identify with at least one non-white racial category.²¹ Eighty-seven percent of Title X patients are female and 13% are male; the number of male patients served by Title X has grown by 50% over the past 10 years.²²

→ Six in ten women receiving contraceptive care at a Title X-supported health care center report that provider was their sole source of medical care in the previous year.²³



WHAT'S AT RISK UNDER THE NEW RULE?

→ These public health successes are at risk under the 2019 Title X rule, which forces onerous, medically unnecessary requirements and restrictions on providers in the network and removes assurances that patients will receive complete, confidential information at all Title X-funded health centers. As of September 20, 2019, 16 grantees and numerous subrecipient agencies had left the program rather than comply with the new rules. In 2018, those same service providers served more than 1.2 million Title X patients.

→ The loss of Title X funding has already forced some health centers to lay off staff, reduce hours, or even close, and the loss of Title X's guaranteed protections and services has reduced patients' and communities' trust in the network. This may lead to a ripple effect of negative health outcomes, from higher unintended pregnancy rates to increases in STD and HIV transmission.

1. Christina Fowler et al., "Family Planning Annual Report: 2018 National Summary," RTI International (September 2019). <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2018-national-summary.pdf>.
2. Ibid.
3. Ibid.
4. "Recent Grant Awards," Office of Population Affairs (March 2019). <https://www.hhs.gov/opa/grants-and-funding/recent-grant-awards/index.html>.
5. Fowler, 2019.
6. Projects grants and contracts for family planning services, 42 U.S.C. §300 (1970).
7. Fowler, 2019.
8. Mia Zolna and Jennifer Frost, "Publicly Funded Family Planning Clinics in 2015: Patterns and Trends in Service Delivery Practices and Protocols," Guttmacher Institute (November 2016). <https://www.guttmacher.org/report/publicly-funded-family-planning-clinic-survey-2015>.
9. 42 U.S.C. §300.
10. "Program Requirements for Title X Funded Family Planning Projects," Office of Population Affairs (April 2014). <https://www.hhs.gov/opa/sites/default/files/Title-X-2014-Program-Requirements.pdf>.
11. Fowler, 2019.
12. Ibid.
13. Ibid.
14. Ibid.
15. "2018 Poverty Guidelines," U.S. Department of Health and Human Services (2018). <https://aspe.hhs.gov/2018-poverty-guidelines>.
16. Fowler, 2019.
17. Ibid.
18. Christina Fowler et al., "Family Planning Annual Report: 2010 National Summary," RTI International (September 2011).
19. Fowler, 2019.
20. US Census Bureau QuickFacts. "Population Estimates: July 1, 2018." <https://www.census.gov/quickfacts/fact/table/US/PST045218>.
21. Fowler, 2019.
22. Ibid.
23. Meghan Kavanaugh, "Use of Health Insurance Among Clients Seeking Contraceptive Services at Title X-Funded Facilities in 2016," Guttmacher Institute (June 2018). <https://www.guttmacher.org/journals/psrh/2018/06/use-health-insurance-among-clients-seeking-contraceptive-services-title-x>.